ART. XVIII.—*Saint Bartholomew's Hospital Reports.* Edited by W. S. CHURCH, M.D., and JOHN LANGTON, F.R.C.S. Vol. XVII. 8vo. pp. xxvii., 347, 80. London: Smith, Elder & Co., 1881.

THE surgical papers of this volume are but seven, and of these only three seem to have been written by members of the surgical staff of the hospital. The others have apparently been contributed by gentlemen who have been at some period connected with the hospital as dressers or house-surgeons. The fact is mentioned to show the evident lack of interest felt in the reports by those who could furnish the best literary and surgical work. None of the papers are first-class surgical productions except the two written by Mr. Thomas Smith and Dr. Philip J. Hensley respectively. The article by Mr. W. E. Steavenson shows a good deal of literary research, and stands next in order of merit. The four remaining contributions have worth, but are either of interest only to those directly connected with St. Bartholomew's Hospital, or are collections of such isolated cases and facts that generalization is impossible. The papers are accordingly of little value to the general profession.

The list of articles on surgical and anatomical topics is as follows: Anatomical Variations, by W. J. Walsham; Cases of Empyema treated by Irrigation, with Remarks on the Operation of Paracentesis Thoracis, by Philip J. Hensley; a Case of Acute Traumatic Tetanus, by F. Swinford Edwards; Our Museum and its Associations, by Frederic S. Eve; Surgical Cases, by John Langton; Paracentesis Pericardii, by W. E. Steavenson; Supra-pubic Puncture of the Bladder, by Thomas Smith.

The paper on *Empyema* is illustrated by a cut showing the author's method of irrigating the pleural cavity with antiseptic solutions, which he does by using a reservoir, and inserting into the chest two canulas. The precautions taken to preclude the entrance of air and to avoid plugging of tubes with shreds of lymph are ingenious and evidently efficient. He does not like Potain's aspirator with the vacuum bottle for ordinary tapping, because among other reasons there is no ready means of judging of the pressure. He prefers to draw off the fluid by the siphon principle, keeping the lower end of the tube beneath the surface of some antiseptic solution placed on the floor. After the serum has started to flow into the bottle of the aspirator, the present writer usually employs the siphon method, by opening the discharge tube, and keeping the end below the patient. The flow into the bottle from the chest and the outflow from the bottle then keep up a steady stream in the same ratio, and no air can enter the chest because the bottle is continuously kept about half full of fluid. The pump is used to increase the suction if thought necessary. This method is perhaps not as perfect as that described by the author.

The case of *Tetanus* was due to a superficial injury of the heel, and was cured by excision of one and a quarter inches of the external saphenous nerve, chloral administered internally, and the application of ice-bags to the spine.

The historical account of the *Museum* does not greatly interest the outside world, except by its allusions to early pathological views.

Mr. Langton's *Surgical Cases* are a medley of rather interesting cases of aural disease, hæmatoma of the epididymis, nerve-stretching, and nerve suture.

The essay on *Paracentesis Pericardii*, which reports a recent case, makes the following assertions :—

"The greatest difficulty exists from the physical signs to be sure that there is pericardial effusion, unless the dulness caused by the effusion extends to a very high level. An increased area of cardiac dulness at the lower part of the thorax cannot be distinguished from that caused by an enormously hypertrophied heart, and therefore paracentesis is hardly justifiable unless the patient is *in extremis*. It is even then a somewhat startling incident to introduce a trocar and for the patient to fall back dead."

In the opinion of some writers there *are* methods of physical diagnosis which nearly always enable the attendant to distinguish between pericardial effusion and cardiac hypertrophy. A delay in performing paracentesis until the patient is *in extremis* is certainly unjustifiable, because then it is usually too late to cure him by withdrawing the fluid.

Mr. Thomas Smith's discussion of *Supra-pubic Puncture of the Bladder* is practical, convincing, and suggestive, and is, moreover, illustrated by cases *well* reported. He prefers the supra-pubic to the rectal puncture in urethral obstruction due to prostatic enlargement or impassable stricture, because easier of performance, and especially because the patient soon learns to attend to himself, and can draw off the water at will by keeping a canula in the wound.

The tables in the appendix of the volume give an analysis of the cases treated, and an account of the anæsthetics employed. One case of death occurring during etherization is recorded, but the details are not very completely given. J. B. R.

Proceeding now to a consideration of the medical articles, we find the opening paper of the volume is a brief contribution from Dr. J. Matthews Duncan, entitled *Notes on the Morbid Anatomy of Douglass's Pouch*, in which are detailed, first, two cases of malformation, the latter a curious instance of absence of the vagina and uterus in an apparently well-developed married woman. This is followed by an account of certain common, and other unusual changes, in the site and position of the pouch in question, which are all of much interest from a gynecological point of view.

Dr. Samuel Gee, who contributes the next essay, *On Osteal or Periosteal Cachexia*, very properly apologizes for the imperfect condition of his notes, which are, indeed, so fragmentary that we are inclined to think that a judicious regard for his own reputation would have induced the author to withhold them from publication. They comprise the skeleton histories of five infants, three of whom Dr. Gee admits were "rickety," and in none are we favoured with the gross post-mortem appearances, still less with the results of microscopic investigation.

The next article, *On Tufnell's Treatment of Aortic Aneurism*, is a valuable paper by Vincent Harris, M.D., giving the results of this highly philosophical method in the wards of St. Bartholomew's Hospital. It might be carefully perused with profit by any physician taking charge of one of these serious cases.

The plan of Mr. Tufnell, according to the opinion of our author and several of his colleagues, leaves, however, much to be desired, for, although almost certain relief of symptoms is obtainable, cures are rather rare. Still, as remarked in a note by his friend, Dr. Andrew, a method which was a success in three cases out of the thirteen recorded, and was attended with little or no danger to the patient, is, at least, not inferior to any other in

present use. Dr. Andrew believes, moreover, that it will give better results in private, than in hospital practice.

J. A. ORMEROD, M.B., furnishes a well-written essay *On the Diagnostic Symptoms of Tabes Dorsalis with Cases*, which forms quite a valuable little contribution to our knowledge of this important neurosis. As a whole, his cases, twenty-one (?) in number, confirm the generally received idea, that the absence of the patellar tendon reflex, and the abnormal state of the pupil, are to be observed in almost every instance of tabes, even in those where other symptoms of the disease are but little developed. Mr. Ormerod's other conclusion, that, because in two years he has been able to record twenty-one cases, the disease is more common than is generally supposed, might lead some envious rival to assert that his diligence in search is more remarkable than his accuracy in detection.

Dr. W. H. CHURCH supplies some valuable *Observations on Typhoid Fever*, which contain the practical results of a careful and acute observer's experience with 113 cases of this disease, treated in the hospital during the past five years. The paper is full of useful facts well worthy of the attention of every practical physician, and we would be glad to give a much fuller abstract did space permit. Of the total number 61 patients were males, of whom 12 died, and 52 were females, among whom were 5 deaths.

Dr. Church finds himself more and more convinced that typhoid fever runs not infrequently (especially in children) an abortive course, and records two of these cases as terminating on the fourteenth day and one on the eighteenth day. He does not, however, confirm the statement of Prof. Jürgensen, that these examples of typhoid of the short type (typhus levissimus) are especially apt to display a sudden and severe onset.

Our author disputes the opinion of his colleague, Dr. Gee, that when the pyrexial state lasts beyond the twenty-sixth day (cases with accidental complications excepted) it is due to "progressive ulcerative enteric or subintrant relapse." In two of his non-relapsing cases, fatal on the twenty-third day, the majority of the ulcers in the ileum had the sloughs still attached, and might apparently have gone on several days longer before commencing to heal.

In one instance sudamina formed a remarkable feature, coming out in crops in great abundance; in another the rash was very profuse, covering the body and legs with thousands of rose-coloured spots, which seemed to fade into purpurous patches. Curious trance phenomena appeared in this female, and unusually prolonged stupor in a boy aged nine years, but all these anomalous attacks ultimately resulted in good recoveries. Constipation occurred in a large proportion of cases in the past two years, and singularly enough we have observed this peculiarity here in Philadelphia, with much greater frequency than formerly, but, of course, a much longer time is requisite to establish such a variation into anything more than a coincidence. Tympanites and hemorrhage proved themselves, as usual, grave symptoms, and the rare complication of abscesses in the larynx with necrosis of the arytenoid cartilages, ending fatally, occurred once.

The treatment was mainly expectant, though a majority of the patients took a draught containing hydrochloric acid, in the hope that digestion would thereby be assisted. Quinine, as an antipyretic, did not answer Dr. Church's expectations, and salicylate of soda, when given in large enough doses to lower the temperature, produced sometimes such alarming depression that its use was abandoned. Opium enemata were used to control diarrhœa, small doses of liquid extract of opium by the mouth to relieve

abdominal pain, and chloral or chloral and bromide to procure sleep. Cold bathing was not used in mild attacks, but was employed, as a rule, whenever the temperature remained for twenty-four hours or so, above 104° F.

A study of the table of the 19 fatal cases further aids to strengthen the doctrine we have long taught, that the sadly neglected science of prognosis can be rendered far more accurate, and therefore more useful, by a systematic interrogation of *all* the organs at the outset, and daily throughout the disease. Thus, of the 19 patients 11 died from complications developed during the fever, and dependent on it, and two others succumbed to the accumulated pressure of typhoid fever plus long-standing cardiac or renal disease.

The death-rate from typhoid has fluctuated in St. Bartholomew's Hospital, from 5.88 per cent. in 1860, to 31.11 per cent. in 1869, the whole mortality for twenty years being at the rate of 15.72 per cent.

In *An Historical Case of Typhoid Fever*, Dr. NORMAN MOORE makes a singularly ingenious attempt to show that the death of Henry, Prince of Wales, which took place in London November 6, 1612, was the result of typhoid. Without actually proving his thesis is logically correct, Dr. Moore undoubtedly establishes a great probability that, as he claims, it is due to the accurate observation of Sir Theodore Mayerne, the chief physician in attendance, that his name should be remembered as the exact describer of the earliest case of typhoid fever on record in England. We would suggest to enthusiastic antiquarians in the ranks of sanitary science, that the next thing in order would be to demonstrate from some contemporary records (as it really may be possible to do), out of which foul sewer or neglected cesspool in the king's palace arose the germs of typhoid fever, which multiplied in the body and caused the death of this illustrious prince.

J. A. ORMEROD, M.D., contributes a carefully written series of *Notes on Tendon Reflex in the Later Stages of Hemiplegia*, giving the result of his observations in the out-patient room and in the casualty department.

The general result of his investigation, without being very conclusive, tends to confirm Charcot's doctrine that "late rigidity" (which our author found to come on generally after excess of tendon reflex had been present) is apt to be due to functional excitement of the motor cells of the cord produced by sclerosis of the lateral columns.

An interesting paper *On Some Forms of Dilatation of the Heart with Illustrative Cases*, furnished by SAMUEL WEST, M.B., is well worthy of careful perusal. Our author includes observations upon thirty cases of chlorosis and numerous examples of rheumatism, febrile diseases, etc. He classifies the causes of dilatation in four principal groups, as follows: 1st, defective blood supply; 2d, defective muscular tissue (of the heart); 3d, defective nerve regulation; and 4th, overwork.

Cancer of the Pancreas is the title of an illustrated article by NORMAN MOORE, M.D., founded upon ten post-mortem examinations of the pancreas when affected with a new growth. These were all made in the past three years, and in four instances the pancreas was almost the only organ thus involved. Three of these neoplasms were carcinomata, and a fourth was an adeno-sarcoma, a form of pancreatic disease which Dr. Moore thinks has not been described before, "certainly not in England." The author appends a table of 39 cases of cancer of the pancreas described from 1867 to 1881 in the records of autopsies at St. Bartholomew's, and his clinical conclusions from these are, that long persistent jaundice, in

which gall-stone symptoms are absent, and in which cancer of the liver is not to be felt, may probably be due to primary cancer of the pancreas; and that this diagnosis is confirmed when an enlargement followed by a diminution in size of the liver indicates during life the cirrhosis frequently found after death. Dr. Moore also reports *A Case of Stenosis of the Tricuspid Valve*, which tends to confirm the view maintained by some writers that such valvular contraction is always congenital.

Two Cases of Subacute Anterior Spinal Paralysis are recorded by CHARLES A. MORTON, in only one of which a post mortem was obtained. In this instance degeneration of the ganglion cells of the anterior cornua was discovered, but the nature of this change must have been very obscure, as even Dr. Klein, who saw the specimens, could not determine its character.

Dr. T. CLAY SHAW, in a thoughtful essay on *Acute and Chronic Insanity*, argues against the too prevalent error of considering a person who has been insane twelve months a chronic and incurable lunatic, who is to be, as it were, put on the shelf and counted as practically dead for all that treatment can do for him. Dr. Shaw declares that he has seen persons who have been ill fifteen years or longer, and who are still in the acute stage of brain disease, and asserts that such individuals "might at any day put an end to the idea that because they had been so long harmless they will always be so, by putting an end to themselves."

An instructive paper on *Lead Impregnation in Relation to Gout*, is contributed by Dr. DYCE DUCKWORTH. It embodies his experience of the influence exercised by lead in cases of gout. As a general result of his observation it may be stated that while he believes that the association of gout with lead impregnation is most distinctly manifested when gout most commonly prevails among the population, he cannot agree with Professor Frerichs or Dr. Saundby, of Birmingham, the latter of whom contends that the doctrine of saturnine gout rests rather on authority than observation.

J. ARMITAGE, M.B., furnishes some interesting *Cases from Dr. Gee's Wards*, comprising two instances of non-fatal sunstroke—one with the high temperature of 108.9° F.; and a case of acute yellow atrophy of the liver proving fatal in nine days from the time the patient stated he was in perfect health.

PERCY KIDD, M.D., gives an account of a case of *Pseudo-Hypertrophic Muscular Paralysis in an Adult*, the chief interest of which centres in the patient's age and in the fact that no decided failure of muscular power showed itself until after he was twenty-one years old. Microscopic examination of the affected muscles was unfortunately omitted.

DAVID A. KING records a case of *Membranous Pharyngitis* (diphtheria) *following Scarlatinal Infection*, and argues from this one instance in the *post hoc ergo proper hoc* style, which captivates so many of the junior members in our profession. *Two Cases of Intestinal Obstruction*, also carefully reported by the same author, are used to show the advantage of expectant treatment over operative interference in such accidents.

Dr. SAMUEL GEE follows with a report of *Two Cases of Cerebral Disease;* one of hemichorea found on post-mortem examination to be probably dependent on embolism, with thrombosis of the cerebral capillaries; and the other a second case of gelatiniform enlargement of the pons Varolii, the first, and only other on record as far as Dr. Gee is aware, being narrated many years since in the thirteenth volume of these reports.

Apparently on the good old principle of leaving the best until the last, the editors of the volume have reserved for a concluding paper the learned and able *Report on Hæmophilia*, with a note on the hereditary descent of colour-blindness, by Dr. J. WICKHAM LEGG. This valuable essay is illustrated by a genealogical tree of a "Bleeder" family for five generations, and a similar tree of a colour-blind family for six generations. These representatives of the original tree of knowledge exhibit several curious phenomena observable in the transmission of inherited disease to remote posterity, and suggest how unspeakably useful to every family would be similar genealogical tables showing when and where consumption, gout, apoplexy, and all the other "ills our flesh is heir to," had assailed their ancestors. We heartily welcome such publications, since they can scarcely fail to promote a more general realization of the great truth which we have long laboured to promulgate—that each individual's diseases mark points in the infinitely small arc of an immensely great family curve, which may be ascending through generations to a "survival of the fittest," or descending through centuries to an *extinction of the unfit*. Most earnestly is this to be urged, because when popularly recognized it must lead to the compilation with religious truthfulness and care of such complete family records respecting diseases, that physicians of the future, acquiring therefrom a far more perfect knowledge of heredity, will be infinite gainers in accuracy of prognosis, success in treatment, and, best of all, in the power of preventing disease. J. G. R.

ART. XIX.—*Transactions of the International Medical Congress. Seventh Session held in London, Aug. 2 to Aug. 9, 1881.* In four volumes: Vol. I. pp. 519; Vol. II. pp. 599; Vol. III. pp. 660; Vol. IV. pp. 592. London: J. W. Kolckman, 1881.

IT may be confidently stated that no session of the International Medical Congress has been more successful than the seventh held in London. Whether this Congress is regarded from the point of view of the numbers in attendance, the eminence of the men who participated in the sessions, or the excellence of the papers, either the general addresses or the pieces submitted to the Sections, it must be considered as the most important of the series. It could hardly be otherwise. In this session of the Congress, the English-speaking members of the medical profession, had a prominent part, and they have always made the most substantial advances in medical knowledge. Admitting without question the learning, the science, and the painstaking work of our German colleagues, the brilliant powers of exposition, the logical acumen, and the original conceptions of the French, it must still be conceded, that to the great English physicians are due most of the important practical advances made in medicine during the century. It was but natural to expect much from an assemblage of the world's great medical men in the world's great capital—London. The highest expectations are fully satisfied on a perusal of the four portly volumes recording the work of the Congress.

The first volume is occupied with the list of delegates and members; the proceedings of the general meetings; the inaugural address of Sir James Paget; the general addresses by Virchow, Reynaud (read by Fe-